DEPARTMENT OF PUBLIC HEALTH AND WELFARE 18 Primary Registration District No. 1003 Registrat's No. 1100 Registrat's	CERTIFICATE OF DEATH $-63-009323$	ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE (
VS 300 Rev. 4/59 Rev	4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /	REMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No.
A COUNTY B. CIVI (If outside corporate limits, give forwishif ponty) 1		AMENDED FEB 1 0 1963
2 22 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	a. STATE MO. b. COUNTY admission)	I I I I I . commy
2 22 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Life rown St. Louis Yes KNO [OR TOWN ST. IOUIS NO. Life
3 NAME OF DECEASED First Middle RIUTLEDGE Deceased Dec		HOSPITAL OST . IOUIS CITY HOSPITAL #1
5. SEX 6. COLOR OR RACE White Wildowed Divorced 2 2/2/01 61 Months Days Hours 6 White White White 10s. USAL OCCUPATION (Give kind of work done during most of working life, even if refired) 8 2 7	Middle Last 4. DATE Month Day Year OF DEATH 2 - 8 - 63	3. NAME OF DECEASED First Middle
10a. USUAL OCCUPATION (Give kind of work done done) done done done done done done done done	rried Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
13. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE None	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY	10a. USUAL OCCUPATION (Give kind of work done 10b: KIND OF BUSINESS OR INDUSTION during most of working life, even if retired) Retired
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10 10 10 10 10 10 10 10 10 1	13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NA
The conditions of the state of the condition of the state of the state of the condition of the cond	1	IS WAS DECEASED EVED IN U.S. ADMED EDDCESS. TIA SOCIAL SECURITY NO.
10 10 11 12 13 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 11 12 13 14 15 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 11 12 13 14 15 15 17 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item PART II of item PART III. If deceased was fine per per per per per per per per per pe	Robert DeGonia, 2341 S. 9th, St. Loui	(Yes, no, or unknown) (If yes, give war or dates of servi
Conditions, if any, which gave rise to above cause (s), stating the under-lying cause last. DUE TO (c) DUE TO (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 601 related to the terminal there a pregnancy in a there a pregnancy in a large present the pregnancy in a large pregnancy in a large present the pregnancy in a large pregnancy in	INTERVAL BETWEEN ONSET AND DEATH	1 18. CAUSE OF DEATH (Enter only one cause per line
which gave rise to above cause (a), stating the underlying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but but related to the terminal there a pregnancy in a condition given in PART II. (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but but related to the terminal there a pregnancy in a condition given in PART II. (a) 15 IV.	rema	IMMEDIATE CAUSE (a)
which gave rise to above cause (a), stating the underlying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but but related to the terminal there a pregnancy in a condition given in PART II. (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but but related to the terminal there a pregnancy in a condition given in PART II. (a) 15 IV.	Ireleval obstruction	Conditions if any DUF TO (b) Uncleval
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 601 related to the terminal there a pregnancy in a large of the property of th	arcinoma of prostate	which gave rise to above cause (a), stating the under-
177X 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item PERFORMED? PERFORMED? PERFORMED? 20c. TIME OF Hour Month, Day, Year INJURY A.m.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA
19. WAS AUTOPSY PERFORMED? YES NO 69. 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY	/27,	
ZOC. TIME OF Hour Month, Day, Year INJURY a.m., p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)	ICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOMICIDE PERFORMED?
ZOd. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)		`
	RY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE reat, office bldg., etc.)	WHILE AT WORK farm, factory, attest, office bidg., etc.)
21. I attended the deceased from 2 - 5 - 63 , to 2 - 8 - 63 and last saw her him alive on 2 - 8 - 63;	$\frac{1}{1}$, to $\frac{2-8-63}{1}$ and last saw her alive on $\frac{2-8-63}{1}$	21. Lattended the deceased from 2 - 5 - 63 , to 2 -
Death occurred at 1:15 A.M m on the date stated above, and to the best of my knowledge, from the causes st	m on the date stated above, and to the best of my knowledge, from the causes stated.	Death occurred at 1:15 A.M. m on t
2		22a. SIGNATURE) (Degree er title)
23a. BURIAL GREMATION, 23b. DATE 23c. Now OF CEMETERY OF CREMATION 23d. LOCATION (City, 18W), 3r Colliny, 18W, 3r Colliny, 18	New St. Marcus St. Louis Co., Mo.	9 A Removal 2/11/63 New St. Marc
ADDRESS 25. DATE RECD. BY LOCAL REG. 26. ASSTRAYS SIGNATURE AMERICAN MCLaughlin, 2301 Lafayette, FEB 8 1963 FEB 8 1963	25. DATE RECD. BY LOCAL REG. 26. ASSISTRANTS SIGNATURE	24. funeral director Address FEB (

STATEMENT BY LICENSED EMBALMER

I hereby certify tha	t the body whose name is re	ecorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under my personal	supervision.	
Student	-	Signed Kurs II. Kullusu
Signature -	of Student Embaimer	Licensed Embalmer No.
		P. O. Address ff facus' NG

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.